

Rank	Name of Applicant	Project Summary Description	Performance Measures
1	ASHNHA Program Services Company, Inc. (APSCI) – A Collaborative Project of Seven Alaska Healthcare Provider Facilities	<p>APSCI, the charitable arm of ASHNHA, submitted this proposal on behalf of ASHPIN and the member sites of its affiliate, the ARTN. This application seeks \$829,579.00 in Denali Commission funding to support continuing imaging-related upgrades for 7 of the 11 ARTN members. The match came from cash reserves held at each of the 7 facilities participating in the consortium application.</p> <p>Five of the 7 facilities sought ultrasound equipment (or upgrades thereof), and the remaining 2 sought expansion of their digital imaging capability to include digital mammography. Facilities Seeking Ultrasound Upgrades: Wrangell Medical Center, Petersburg Medical Center, Sitka Community Hospital, Providence Kodiak Island Medical Center, and Illiuliuk Family and Health Services (Unalaska). Facilities Seeking Digital Mammography Upgrades: Central Peninsula Hospital and South Peninsula Hospital.</p>	<ol style="list-style-type: none">1. Verification of the required Cost Share Match (CSM).2. Verification that a Facility has ordered the equipment (ultrasound or digital mammography).3. Proof of delivery of the equipment.4. Proof that the facility has at least a one year warranty agreement covering the purchased equipment.5. Photographs received of a) the installed equipment, and b) posted sign affirming the Denali Commission’s support for and investment in each facility’s project6. Request from the facility that ASHNHA process payment (in one lump sum or in a series of payments).7. Final payment is made by ASHNHA.
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2	Providence Seward Medical & Care Center	<p>Providence Seward Medical and Care Center (PSMCC) is seeking support in upgrading its endoscopy suite, vital equipment for routine preventative as well as diagnostic care. PSMCC provides primary and critical care for the people of Seward, Moose Pass, Cooper Landing, Primrose, Lowell Point, Bear Creek and other outlying areas south of the junction of Hwy 1 and 9, a total population of about 5,250.</p> <p>Endoscopes are used to view the gastrointestinal tract, respiratory tract, urinary tract, female reproductive system, and otherwise inaccessible closed body cavities through a small incision in the skin. Endoscopes provide doctors an actual view into the human body and can identify for example, blockages, infections, and most importantly detect and biopsy potentially cancerous cells. Preventive care and diagnosis are one of the most important functions of endoscopy. This endoscopy project will promote PSMCC’s goal of providing access to modern medical care for all of Alaskans within its reach.</p> <p>The present old machine breaks frequently, is expensive to repair, and parts are difficult to procure. In addition, there are numerous problems with the light source making the actual visualization during the procedure difficult and allowing a margin of error. Patients must be referred to larger hospitals when our equipment is not functioning or the specific procedure is beyond the capability of our old equipment.</p> <p>PSMCC is seeking to acquisition the Olympus Narrow Band Imaging Video Gastroscope and Video Colonoscope. The total project cost is \$84,499, which includes the equipment, installation, and necessary staff training. PSMCC is requesting \$42,249 from the Denali Commission. The City of Seward, recognizing the necessity of modern endoscopy equipment for its citizens, has committed funding for the 50% cost share match.</p>	<ol style="list-style-type: none">1. Verification of the required Cost Share Match (CSM).2. Verification that the Facility has ordered the equipment.3. Proof of delivery of the equipment.4. Proof that the facility has at least a one year warranty agreement covering the purchased equipment.5. Photographs received of a) the installed equipment, and b) posted sign affirming the Denali Commission’s support for and investment in the facility’s project6. Request from the facility that ASHNHA process payment (in no less than two payments).7. Final payment is made by ASHNHA, after verification of all reports filed, photographs provided, and sign posted.

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3	Petersburg Medical Center	<p>The Petersburg Medical Center (PMC) proposes to renovate the daylight basement of its Primary Care Clinic and create a ground floor addition of 1700 sq. ft. The additional space is required to end severe overcrowding throughout the clinic and to meet HIPAA privacy requirements. The new ground floor addition will offer expanded reception and waiting areas, an enlarged business office, a manager's office, staff break room, telemedicine conferencing facility and two rest rooms. A new elevator will take patients upstairs to the treatment areas and offices on the main floor. The project will also renovate a 450 sq. ft. of the existing 3400 sq. main floor. The main floor renovation will create three additional exam rooms, an enlarged nurses' station, improved doctors' offices, a dedicated procedures room and a room for equipment and supplies. The new covered entrance near parking will offer easier and safer winter access. Safety devices, including a Cummins emergency generator and a reconfigured sprinkler system, will safeguard patients in case of a power failure or fire. Telemedicine conferencing capacity will allow us to increase services and expand care options. To address future service expansion, we will wire and plumb the remaining 1700 square feet in the basement. The PMC seeks \$446,649.00 in funding from the Denali Commission, with the cost share match coming from existing hospital reserves.</p>	<ol style="list-style-type: none">1. Verification of the required Cost Share Match (CSM).2. Verification that the Facility has the required construction permits and other relevant municipal approvals.3. Through regular, quarterly report submissions, verification that the Facility has undertake the renovations of its space described in its application to the Commission.4. Proof of delivery of the equipment.5. Photographs are received quarterly, with reports, that verify construction activity renovating a) the Primary Care Clinic, b) the addition of the 1,700 sq ft pace on the ground floor, and c) the 450 sq. ft. addition to the main floor.6. Requests from the facility that ASHNHA process project payments (in no less than two payments).7. Final payment is made by ASHNHA, after verification of all reports filed, photographs provided, and the requisite Denali Commission sign is appropriately posted.
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4	Providence Kodiak Island Medical Center	<p>Providence Kodiak Island Medical Center (PKIMC) is a rural Critical Access Hospital owned by the Kodiak Island Borough with operational management provided by Providence Health Systems. PKIMC is the primary medivac destination for Kodiak Island, the Aleutian Chain, Bering Sea, and Pribilof Islands and the hospital is tasked with the responsibility of total care for these residents. Services provided include a significant range of impatient and outpatient services including emergency, surgery, maternity, general medicine, physical therapy, specialty clinics, diagnostics, pharmacy, and home health care. PKIMC also operates an Outpatient Specialty Clinic that provides additional medical services that that would not otherwise be available on Island.</p> <p>Funding in the amount of \$158,500 is requested from the Denali Commission to replace PKIMC's fluoroscope. In March 2007, the 10 year-old fluoroscope became non-functional and PKIMC was unable to obtain the necessary parts or to repair the machine and therefore have had no access to fluoroscopy on Kodiak Island since that date. Fluoroscopy is an imaging technique that enables physicians to obtain real-time images of numerous body systems such as skeletal, digestive, urinary, respiratory, and reproductive. It may also be performed to evaluate specific areas of the body such as muscles, bones, and joints as well as solid organs such as the heart, lungs, and kidneys. The lack of fluoroscopy on Kodiak Island results in deficiencies in care provided to PKIMC patients, significant financial burdens on residents to get appropriate care via off-island providers, and loss of income to the community hospital and private providers. The lack of an important clinical diagnostic piece of equipment highlights the loss of revenue for local providers and significant gaps in the services offered, as well as the cost to patients who incur additional financial burdens when off island care is necessary.</p>	<ol style="list-style-type: none">1. Verification of the required Cost Share Match (CSM).2. Verification that the Facility has ordered the equipment.3. Proof of delivery of the equipment.4. Proof that the facility has at least a one year warranty agreement covering the purchased equipment.5. Photographs received of a) the installed equipment, and b) posted sign affirming the Denali Commission's support for and investment in the facility's project6. Request from the facility that ASHNHA process payment (in no less than two payments).7. Final payment is made by ASHNHA, after verification of all reports filed, photographs provided, and sign posted.

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5	Norton Sound Health Corporation	<p>The residents of the Bering Strait Region of Alaska, serviced by Norton Sound Health Corporation (NSHC), the only source of healthcare for the region, are plagued by cancer and high rates of unintentional injuries, while Cardiovascular Disease (CVD) is the leading cause of death in the region. The rate of CVD alone is twice that of neighboring regions and is increasing at an alarming rate. NSHC provides rural healthcare to the community of Nome and fifteen villages in the surrounding Bering Strait Region. The population served exceeds 10,000 and is 76% Alaska Native. NSHC would be better equipped to diagnose trauma related injuries, cancer, CVD and other conditions and diseases with the acquisition of a CT Scan machine. NSHC seeks \$550,218.00 in Denali Commission support in order to purchase a new, 16 – slice Siemens CT Scan machine and renovate an existing 800 square foot space within the hospital facility. The in-house space is within close proximity to the ER. The project’s cost share match comes from three sources: a private donation, an M. J. Murdock Charitable Trust award, and a grant from the Norton Sound Economic Development Corporation.</p> <p>There are no alternative imaging-related diagnostic services available within 500 air miles of NSHC’s Norton Sound Regional Hospital and patients are currently referred to Alaska Native Medical Center in Anchorage, Alaska or other facilities in Anchorage to receive this service. In addition to this, many patients requiring a CT Scan are medivaced to Anchorage annually. Annual medivac numbers may be reduced if trauma patients could be scanned locally.</p> <p>By increasing access to this important diagnostic technology, the quality of patient care for the region will improve. The quality of patient care will be enhanced in three ways: 1) Local access to CT Scans in Nome will be physically and emotionally less stressful for the patient; 2) The continuity of patient care will be improved; and 3) Better tools for detection may result in earlier diagnosis of certain diseases and conditions and improve the prognoses for some.</p>	<ol style="list-style-type: none"> 1. Verification of the required Cost Share Match (CSM). 2. Verification that the Facility has ordered the equipment. 3. Verification that any necessary room remodeling has been accomplished before installation of the CT Scan. 4. Proof of delivery of the equipment. 5. Proof that the facility has at least a one year warranty agreement covering the purchased equipment. 6. Photographs received of a) the remodeled room, b) the installed equipment, and c) posted sign affirming the Denali Commission’s support for and investment in the facility’s project 7. Request from the facility that ASHNHA process payment (in no less than two payments). 8. Final payment is made by ASHNHA, after verification of all reports filed, photographs provided, and sign posted.
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6	Cordova Community Medical Center	<p>The City of Cordova desires to purchase an Amsco Century Prevacuum Steam Sterilizer for the city-owned Cordova Community Medical Center (CCMC). CCMC serves primarily Cordova (population, 2,400) and the transient, fishery-related workers and their families who double Cordova’s population during the summer months. A multi-purpose facility, CCMC includes the critical access Cordova Community Hospital; the Ilanka Health Clinic operated by the Native Village of Eyak; and Sound Alternatives, the city’s community behavioral health program.</p> <p>Replacement components for CCMC’s 22-year old sterilizer are no longer available. Now on more stable financial footing, the City and CCMC have directed their energies toward repairing and replacing equipment and other facility deficiencies, all of which has been in place – and largely untouched – since the facility’s opening in 1986. Given the lifespan of the existing Steris Amsco sterilizer, specification and costs were sought from the same supplier. The product package includes installation and a two year warranty. CCMC seeks \$31,500.00 from the Denali Commission to replace the sterilizer, with cost share match from the City itself.</p>	<ol style="list-style-type: none"> 1. Verification of the required Cost Share Match (CSM). 2. Verification that the Facility has ordered the equipment. 3. Proof of delivery of the equipment. 4. Proof that the facility has at least a one year warranty agreement covering the purchased equipment. 5. Photographs received of a) the installed equipment, and b) posted sign affirming the Denali Commission’s support for and investment in the facility’s project 6. Request from the facility that ASHNHA process payment (in no less than two payments). 7. Final payment is made by ASHNHA, after verification of all reports filed, photographs provided, and sign posted.

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7	Bartlett Regional Hospital	<p>The project is located at Bartlett Regional Hospital in Juneau, AK. This project would move Bartlett’s Diagnostic Imaging Department to a full Picture Archiving & Communications System (PACS), including CR (computed radiography) for modalities that are not digital at this time.</p> <p>Bartlett Regional Hospital, being the largest hospital in Southeast Alaska, is a medical hub not only receiving patients from northern southeast, but working with larger facilities in Anchorage and Seattle and accessing the resources in these larger cities. PACS and digital imagery facilitates coordination of care and eases communication. The advantage of digital images and PACS is to enhance patient care by more efficient time and treating patients. The stored digital images can be viewed by physicians at different locations within the hospital. The portability of the images through the internet allows the images to be shared at the local physicians’ offices and sent to specialists for consultation. Physicians can make more informed decisions about patient care by having the advanced tool sets such as 3-D reconstruction and viewing comparison films in PACS.</p> <p>When Bartlett replaced its CT Equipment in March 2004, it installed a “mini PACS” using PACS technology for equipment – CT and MRI – which was digital / DICOM ready. This was only a temporary solution until the facility could afford a full PACS. This request for \$408,435.00 in Denali Commission funds, matched by a combination of existing hospital funds and an existing credit with the PACS vendor selected, would move our Diagnostic Imaging Department to a full PACS including CR for modalities that are not digital at this time. We currently do over 30,000 diagnostic imaging exams each year. Annual growth has averaged 4.1% over the past four years.</p>	<ol style="list-style-type: none">1. Verification of the required Cost Share Match (CSM).2. Verification that the Facility has ordered the equipment and necessary software.3. Verification that any necessary room remodeling has been accomplished before installation.4. Proof of delivery of the equipment and software.5. Proof that the facility has at least a one year warranty agreement covering the purchased equipment.6. Photographs received of the installed equipment and workstations.7. Request from the facility that ASHNHA process payment (in no less than two payments).8. Final payment is made by ASHNHA, after verification of all reports filed, photographs provided, and sign posted.
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8	Providence Valdez Medical Center	<p>Providence Valdez Medical Center (PVMC) is seeking support for acquisition of an Electronic Health Record (EHR) system. PVMC is a small rural hospital, operating under Providence Health Systems. Following our mission and vision, we are moving to modernize our patient records in keeping with current modern health care practices. Providence Valdez Medical Center has 17,087 inpatient and outpatient visits annually and currently has 6,500 patient records on site. At present, all clinical documentation is done by hand, which is tedious and time consuming. Often the documentation processes are labor intensive and cumbersome. The EHR processes will help ease the burden of paperwork at all levels of patient care. It will offer near instantaneous access to patient history, treatment, and medical plans.</p> <p>Transitioning to an EHR system will increase efficiency and quality of care. EHR enables hospitals to share patient records quickly and efficiently. Being a small hospital with limited medical capabilities, patients are often sent to Anchorage or the lower 48 to receive care not accessible in Valdez. Currently, patients are required to hand carry their paper records or even to repeat tests and exams. However, electronic records could easily be forwarded to a specialist, saving valuable resources in copying fees, clerical staff time, and repeat procedures.</p>	<ol style="list-style-type: none">1. Verification of the required Cost Share Match (CSM).2. Verification that the Facility has ordered the necessary software (and hardware, if required).3. Proof of delivery of the software (and equipment).4. Proof that the facility has at least a one year warranty agreement covering the purchased equipment.5. Photographs received of a) the system product.6. Request from the facility that ASHNHA process payment (in no less than two payments).7. Final payment is made by ASHNHA, after verification of all reports filed, photographs provided, and sign posted.

		<p>Similar benefits apply with an EHR when patients are medivaced from Valdez to a larger hospital for critical care.</p> <p>Initially, upgrading to an electronic health records database is very expensive and a heavy burden for a rural Alaskan hospital. This project consists of acquisition of the CPSI EHR software and installation followed by staff training on how to utilize the new program. Initially, one full time information Technology technician will need to be hired to support the transition. The project will cost \$722,326.00 of which \$361,163.00 is requested from the Denali Commission. The cost share match will come from the hospital’s cash reserves. The new system will reduce the amount of time staff spend handling/processing paper and will also ensure that each patient encounter is charted correctly and completely.</p>	
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9	Ketchikan General Hospital	<p>Ketchikan General Hospital (KGH) requests \$53,000 in matching funds from the Denali Commission to replace its aging and technologically antiquated Hematology Analyzer System. The request includes two Hematology Analyzers, for a total cost of \$106,000. The existing Hematology Analyzers have been heavily used, one for over ten years, and are no longer as reliable or able to be upgraded to meet current demand (in terms of volume or accuracy). Advancements in technology allow more recent equipment to provide significantly faster, more accurate, less costly and less disrupted diagnosis and treatment.</p> <p>In Fiscal Year 2007, KGH performed over 13,000 tests using the Hematology Analyzers for blood studies to determine the presence, rate and level of infection in the blood and to assist in diagnosis of certain types of anemia, leukemia and other blood cell disorders. Almost every cancer, trauma, pre- and post – surgical patient requires these tests. Though twice as many patients come from an ambulatory setting, be it a doctors’ office or the Emergency Department, many patients are in an ICU, acute medical/surgical or long-term / transitional care unit. Reliable detection of abnormal samples remains the most important issue in hematology. Accurate white and red blood counts, platelet counts and differential results are essential in providing meaningful clinical information and in maintaining, calibration or repair.</p> <p>The purchase of this new technology and equipment will significantly improve the level and quality of service provided to patients in southern Southeast Alaska by enhancing diagnosis and screening, especially in the area of cancer, a critical patient population already being served by KGH. The new equipment’s advanced software with fluorescent enhanced Complete Blood Count (CBC) parameters and sensitive flagging algorithms will make the assessment of abnormal samples a routine procedure. This will result in improved diagnoses, faster and more accurate detection, reduced travel costs, decreased patient anxiety and generally improved clinical outcomes for our patients.</p>	<ol style="list-style-type: none">1. Verification of the required Cost Share Match (CSM).2. Verification that the Facility has ordered the equipment.3. Proof of delivery of the equipment.4. Proof that the facility has at least a one year warranty agreement covering the purchased equipment.5. Photographs received of the installed equipment.6. Request from the facility that ASHNHA process payment (in no less than two payments).7. Final payment is made by ASHNHA, after verification of all reports filed, photographs provided, and sign posted.

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10	Central Peninsula Hospital	<p>The proposed Central Peninsula Hospital (CPH) project is located in the central Kenai Peninsula region. The Kenai Peninsula Borough (KPB) is home to over 51,000 people; approximately 35,000 live in the central Kenai Peninsula. Central Peninsula Hospital is seeking funding to purchase and remodel an existing 5,000 square foot facility to expand the capacity of Serenity House. Serenity House is a 6 – bed adult chemical dependency treatment center. This facility is located between Soldotna and Kenai, which are the two largest population centers in the central Kenai Peninsula. The facility sits on 40 wooded acres and was built in 2000 with modern technology, including two HVAC systems, radiant floor heating, and a 5 –star energy rating.</p> <p>Total project cost, including renovations, is projected to be \$973,500, with CPH requesting \$486,750.00 from the Denali Commission. The cost share match can be raised from the following sources: Rasmuson Foundation, \$295,000; Central Peninsula Health Foundation, \$50,000; State of Alaska, \$35,000; and the CPGH, Inc. Plant Replacement and Expansion Fund, \$106,750. In the mid-1980’s, voters approved funding to expand the hospital to build a 16 – bed chemical dependency / psychiatric program. This medical – model program was eliminated ten years later due to burgeoning costs. Seven years ago, a grassroots effort lead to the development of a 6 – bed adult substance abuse facility named Serenity House. There is considerable demand for the services provided at Serenity House. Our census over the past four years has averaged 90.5%, and last year reached 95%. According to the Division of Behavioral Health, our census is among the highest in Alaska. Many of our clients are relatively young, with nearly two-thirds in their 30”s or younger. Our high census reflects a strong reputation among prospective patients, which is consistent with informal and formal measures of high patient satisfaction and strong clinical outcomes.</p> <p>Evidence from three random community surveys conducted by different, independent research firms over the past four years (4/2004, 2/2006, and 12/2007) all indicate that substance abuse and mental health services are of great concern in our region. In the most recent survey (Cromer Group / ASHNHA) respondents identified substance abuse as by far the single biggest health care concern. As the only residential substance abuse facility on the entire Kenai Peninsula, many of our clients have limited resources to pay for services. Since FY 2003, nearly half (46%) of our clients had no third party payment source, while another 24% had Medicaid, which reimburses poorly for adult residential services. Not surprisingly, then, since FY03 we have provided over \$850,000 in deductions/charity care and written off more than \$1.3 million in bad debt for behavioral health treatment provided at Serenity House, a total of over \$2.1 million in uncompensated care. Despite this ominous payer mix, Serenity House comes surprisingly close to breaking even. The financial cost associated with Serenity House since FY04 is approximately 1/10th of one percent of CPH’s net operating revenue. This has been possible due to growth in overall behavioral health services, careful monitoring of staffing patterns, and strong support from the Kenai Peninsula Borough (KPB). Since FY04, the KPB has provided an average of \$270,000 annually in a mil levy tax subsidy. Combined, this strategy has allowed CPH’s Serenity House to remain a financially viable service. Expansion is the proposed next step, which will ensure our viability for years to come.</p>	<ol style="list-style-type: none">1. Verification of the required Cost Share Match (CSM).2. Verification that the Facility has the required construction permits and other relevant municipal approvals.3. Through regular, quarterly report submissions, including photos of project progress, verification that the Facility has undertake the renovations to Serenity House described in its application to the Commission.4. Requests from the facility that ASHNHA process project payments (in no less than two payments).5. Final payment is made by ASHNHA, after verification of all reports filed, photographs provided, and the requisite Denali Commission sign is appropriately posted.

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11	Sitka Community Hospital	<p>Sitka Community Hospital (SCH) is owned and operated by the City & Borough of Sitka, Alaska. SCH is requesting funding for replacement of its CT Scanner, which is becoming technologically obsolete. Sitka Community Hospital has observed significant growth in requests from our providers for tests that our current CT Scanner cannot perform. The CT Scanner is also routinely used for patients in acute care, emergency care, and outpatient clinic services. Sitka Community Hospital has provided CT Scanner services for over fifteen years. This is an essential ancillary service for our patients.</p> <p>SPH is seeking \$422,800.00 from the Denali Commission to fund a GE Healthcare Lightspeed VFX16. This is the manufacturer of SPH’s present CT system. The City and Borough of Sitka has agreed to provide the cost share match required for this capital purchase.</p> <p>SCH has found GE to be a reliable system and they provide excellent support. The new CT Scanner brings Advanced Lung Analysis, Advanced Vessel Analysis with unique AutoBone, Neuro, Liver and unique Body Tumor Perfusion, CT Colonography with unique Virtual Dissection, and auto-segmentation capability. CardIQ suites for cardiac acquisition provide temporal resolution up to 65 ms. The new unit will enable SCH to increase its vascular studies as well as increase the detail in a scan. Because the new generation of CT scanners are a minimum of 16 times faster than our current unit. Test procedures will be quicker and expose the patient and the staff to less ionizing radiation. The greater speed of the unit will also add minutes to the “golden hour” of trauma patients.</p> <p>The 16 slice CT scanner will provide quicker scanning time. The patient will not have to wait for tube cooling when we have a multi-exam CT or a scan that we need to have reconstructions. The 16 slice will collect more data, because it is a 16 slice scanner instead of our current single slice. Thus allowing in amore definitive diagnosis, more data collected to recreate 3D reconstructions. The scanner will allow us to scan exams we previously have not done, virtual colonoscopy, arterial studies for carotid artery, aorta. Increase visualization for Pulmonary Embolism studies. The new CT Scanner will not only serve the resident population of our communities but the approximately 250,000 visitors our community receives each year.</p>	<ol style="list-style-type: none">1. Verification of the required Cost Share Match (CSM).2. Verification that the Facility has the required construction permits and other relevant municipal approvals related to the any necessary remodel.3. Verification that the CT Scan has been purchased.4. Verification that the CT Scan has been delivered.5. Through regular, quarterly report submissions, including photos of project progress, verification that the Facility has undertake the renovations necessary and documented the install process.6. Requests from the facility that ASHNHA process project payments (in no less than two payments).7. Final payment is made by ASHNHA, after verification of all reports filed, photographs provided, and the requisite Denali Commission sign is appropriately posted.
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12	Ketchikan General Hospital	<p>Millions of Americans suffer from chronic, long-term sleep disorders each year with many experiencing occasional sleeping problems. With over 84 classified sleep related disorders, many go undiagnosed and untreated resulting in chronic medical conditions, poor productivity, and negative impact on relationships and, in some extreme cases, inability to perform basic life functions. Chronic sleep disruption has been linked to health and quality of life issues including high blood pressure, heart disease, depression, stoke, diabetes, obesity, motor vehicle accidents, premature aging and a general lack of energy and enthusiasm for life. Sleep disorders and their resulting sleep deprivation account for an estimated \$16 billion in medical costs each year, while indirect costs due to lack of productivity and other factors are probably equal if not greater.</p>	<ol style="list-style-type: none">1. Verification of the required Cost Share Match (CSM).2. Verification that the Facility has the required construction permits and other relevant municipal approvals related to the any necessary site remodel.3. Verification that the equipment has been purchased.4. Verification that the equipment has been delivered.5. Through regular, quarterly report submissions, including photos of project progress, verification that the Facility has undertake the renovations necessary and documented the install process.

		<p>It is estimated that approximately 1,200 people in southern Southeast Alaska suffer from sleep disorder. The closest diagnostic centers are located in Juneau (Bartlett Medical Center) and in Seattle, necessitating high cost for travel and disruptions in work and family life in order to receive diagnostic and on-going care, resulting in many cases going untreated. This is especially unfortunate as the majority of sleep disorders can be managed effectively once diagnosed correctly.</p> <p>Ketchikan General Hospital (KGH) is requesting \$57,305.00 in matching funds from the Denali Commission to support the implementation of a Diagnostic Sleep Disorder Center (DSDC), with a total cost of \$114,610. The cost share match comes from the hospital’s cash reserves.</p> <p>The KGH DSDC will offer state of the art equipment to diagnose and treat sleep disorders such as sleep apnea, periodic limb movements in sleep (PLMS), restless leg syndrome (RLS), narcolepsy and insomnia.</p> <p>The new DSDC will be located in vacant space on the third floor of the North Wing of KGH, originally designed and used as a skilled nursing unit. No renovation is required and only minimal remodel is needed for carpet, paint and installation of wiring. The sleep rooms will be designed in a comfortable, high-end hotel setting to create an environment and sense of comfort conducive to sleep. The technician station (and control area) will be designed to accommodate current state of the art technology and equipment for monitoring brain, heart, muscle and breathing activity. Through the PeaceHealth telemedicine and integrated computer system, a Sleep Disorder Physician specialist located in other PeaceHealth facilities with sleep centers will be available to support the onsite technician and physician champion.</p>	<ol style="list-style-type: none">6. Verification that the Sleep Center is operational and the connection to other PeaceHealth Sleep Centers is functioning via KGH’s telehealth capabilities.7. Requests from the facility that ASHNHA process project payments (in no less than two payments).8. Final payment is made by ASHNHA, after verification of all reports filed, photographs provided, and the requisite Denali Commission sign is appropriately posted.
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13	Mt. Edgecumbe Hospital / SEARHC	<p>Southeast Alaska Regional Health Consortium (SEARHC) provides comprehensive medical, dental, behavioral health, and prevention in Southeast Alaska. The Consortium serves 12,169 Alaska Native beneficiaries and 9,796 non-Native rural residents. This project is located at Mt. Edgecumbe Hospital. SEARHC is requesting \$151,852.00 in support from the Denali Commission towards the cost of this major facility improvement effort at Mt. Edgecumbe Hospital (MEH) in order to renovate the data center and purchase critical infrastructure equipment. The match for this Commission award comes from a bank loan secured by SEARHC for the entire, million dollar project. The larger project is SEARHC’s Revenue Cycle Reengineering (RCR) project. The core of the RCR project is the implementation of a paperless electronic health record (EHR), a new patient billing system, and a new accounting package. This project will support upgrades to SEARHC’s infrastructure that will provide the backbone required to support new systems.</p> <p>SEARHC’s vision is to invest in new information technologies to transform a costly paper-based system into an efficient, automated, paper-free system. This project will provide a real-time link between the hospital and SEARHC’s primary care sites across SE Alaska. The improved information flow will increase productivity, efficiency, quality and patient safety.</p>	<ol style="list-style-type: none">1. Verification of the required Cost Share Match (CSM).2. Verification that the Facility has the required construction permits and other relevant municipal approvals related to any necessary site remodel.3. Verification that equipment has been purchased/delivered.4. Through regular, quarterly report submissions, including photos of project progress, verification that the Facility has undertake the renovations necessary and documented the install process.5. Verification that this project’s portion of the overall RCR project is completed.6. Requests from the facility that ASHNHA process project payments (in no less than two payments).7. Final payment is made by ASHNHA, after verification of all reports filed, photographs provided, and the requisite Denali Commission sign is appropriately posted.

		<p>The SEARHC project has three components:</p> <ol style="list-style-type: none">1. Renovation of existing office space at MEH to create a new information technology data center. The new data center will offer additional square footage for equipment; enhanced cooling; increased electrical and power generation capacity; provision of a second, redundant telecommunication connection for external data, voice and video; and installation of an uninterruptable power system. Renovation of the existing space will include new ceiling, flooring, insulation to control temperature and condensation, as well as new lighting and convenience outlets. The electrical power will be upgraded and multiple air conditioning units and telephone utility connections will be installed.2. The core switch will be located in this new data center. It functions as the primary device responsible for interconnecting and transporting data, voice and video across the entire SEARHC network. It enables the integration of data and processes between disparate systems while delivering the information required for clinical and business operations. The core switch is the single most critical IT infrastructure component and features the design, performance, capacity and redundancy required of a modern medical grade information technology network.3. The PACS/RIS is one of three core ancillary systems required to support our EMR. It will seamlessly connect radiologists and other providers to digital images from multiple devices including MRI, CT, digital x-ray, ultrasound, etc. The new system will increase provider productivity and improve patient care outcomes. The system will allow any kind of medical image to be distributed to and viewed by community hospitals in Southeast, Anchorage, and beyond. The PACS/RIS will be located in the data center and directly connected to the core switch. <p>Together these facility improvements will allow consolidation of data systems in one location at Mt. Edgecumbe Hospital. This project will support infrastructure to implement an electronic medical record system that links the hospital with rural health facilities and allows real-time transmission and review of medical records. Enhanced services include a paper-free electronic computerized physician order entry, reduction of medical errors, and electronic medication administration record. The system will maximize revenue through accurate, timely billing of third party payors.</p>	
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